

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 597328

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11		10		10		
12		11		11		
13		12		12		
14		13		13		
15		14		14		
16		15		15		
17		16		16		
18		17	1	1		
19		18		2		
20		19		3		
21		20		4		
22		21		5		
23		22		6		
24		23		7		
25		24		8		
26		25		9		
27		26		10		
28		27		11		
29		28		12		
30		29		13		
31		30		14		
32		31		15		
33		32		16		
34		33		17		
35		34		18		
36		35		19		
37		36		20		
38		37		21		
39		38		22		
40		39		23		
41		40		24		
42		41		25		
43		42		26		
44		43		27		
45		44		28		
46		45		29		
47		46		30		
48		47		31		
49		48		32		
50		49		33		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						